

Unaffiliated Investigator Agreement

PLEASE COMPLETE AND SIGN THE ATTACHED UNAFFILIATED INVESTIGATOR AGREEMENT (UIA) FORM IMMEDIATELY.

PLEASE FAX THE COMPLETED AND SIGNED COPY OF THE UIA BACK TO HEALTH STUDIES BRANCH, CDC (Ciguatera Diagnostic Method Study) AT FAX NUMBER: 770-488-3450 (voice: 770-488-3410)

MAIL THE ORIGINAL COMPLETED/SIGNED UIA FORM WITH THE OTHER STUDY DOCUMENTS TO THE FOLLOWING ADDRESS:

**ATTN: Ciguatera Diagnostic Method Study
Robert Dickey, PhD
FDA, Gulf Coast Seafood Laboratory
1 Iberville Drive, PO Box 158
Dauphin Island, AL 36528-0158**

**Phone: (251) 694-4480 ext 249
Fax: (251) 694-4477**

ONCE THE ORIGINAL FORM IS SIGNED AT CDC INSTITUTIONAL REVIEW BOARD OFFICE, A COPY WILL BE MAILED BACK TO THE CDC INVESTIGATOR TO KEEP A COPY OF THE SIGNED FORM WITH THE PROTOCOL. THE CDC INVESTIGATOR WILL THEN FORWARD A COPY TO YOU FOR YOU TO KEEP ON FILE.

Name of Institution Providing Institutional Review Board Oversight:
Centers for Disease Control and Prevention (CDC)

Unaffiliated Investigator:

Page 2 of 3

9. In conducting research involving FDA-regulated products, the Investigator will comply with all applicable FDA regulations and fulfill all investigator responsibilities (or investigator-sponsor responsibilities, where appropriate), including those described at 21 CFR 312 (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=312&showFR=1>) and 812 (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=812&showFR=1>)
10. The Investigator will not enroll subjects in research under this Agreement prior to its review and approval by the IRB/IEC.
11. Emergency medical care may be delivered without IRB/IEC review and approval to the extent permitted under applicable Federal regulations and State law. However, data and information obtained as a result of emergency medical care may not be included as part of federally-supported or –conducted research.
12. This Agreement does not preclude the Investigator from taking part in research not covered by the Agreement.
13. The Investigator acknowledges that he/she is primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

Investigator Signature: _____ **Date** _____
Name of Institution: _____
Address: _____ **Phone #:** _____
(City) (State/Province) (Zip/Country)

CDC IRB/IEC Institutional Official:

Signature: _____ **Date** _____

Name/Degrees: John R. Livengood, MD, MPhil
Title: Deputy Associate Director for Science
Institution: Centers for Disease Control and Prevention (CDC)
Address: 1600 Clifton Road, NE (Mailstop D-50)
Atlanta, GA 30333 USA

Telephone: (404) 639-7260 **Fax:** (404) 639-3711 **E-mail:** jrl1@cdc.gov